

SUMMER CAMP @ LABC- JULY 4-10, 2010

EVENT INFORMATION, PERMISSION & RELEASE FORM

Name of Student _____ Date of Birth _____ Age _____

Address _____ Sex _____

City/State/Zip _____

Phone number (_____) _____ - _____ Emergency # (_____) _____ - _____

Description of the event and dates:

- Summer Camp experience at Lake Ann Baptist Camp, Lake Ann, Michigan
- Transportation to and from camp via bus / van.
- Transportation hosted by Konvgvolds, and Deitzers.

Listed below are some of the activities we have planned to offer to the students during the trip. If there are any concerns please note them below in the comment section.

- All activities as promoted by Lake Ann Baptist Camp
- Travel by bus with numerous rest and food stops.
- Leaving Dickson City offices early AM July 4th; returning to same at apx 11:45 pm July 10th.

Comments:

Emergency Cell # 570.470.5235 Kelly Kongvold, 570.406.7542 Dave Deitzer

Rules of behavior expected of each student:

- No alcohol, drugs, or smoking
- Considerate behavior
- No DVD players or Laptops
- Learners spirit
- Attitude of fun
- Adherence to guidelines of PHCC, LABC

Parent Medical and Liability Release Statement

- As parent/legal guardian of _____, I have reviewed the information about the youth ministry activity/event and give my permission for the subject of this release to be involved in the activities.
- I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.
- I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Parker Hill Community Church sees fit.
- I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.
- I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Parker Hill Community Church through its accident policy will be used as a backup for what my family's insurance does not cover.
- I understand all reasonable safety precautions will be taken at all times by the Parker Hill Community Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Parker Hill Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Signature of Student (if over 18 years of age) _____ Date _____

Insurance Company: _____ Policy#: _____